

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>2-17-05</u>		2 Serial/Patent # <u>10/688,495</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	None	9-27-04	\$ 130. <sup>00</sup>							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 130. <sup>00</sup>							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">9</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">9</td> </tr> </table>			0	9	--	0	0	8	9
0	9	--	0	0	8	9					
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> <i>Pto lost the paper</i> </div>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Paul Shanowski</u>		TITLE: <u>Senior Attorney</u>									
SIGNATURE: <u><i>Paul Shanowski</i></u>		PHONE: <u>571-272-5225</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u><i>Alicia Kelly</i></u>		DATE: <u>2/18/05</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*